

EQUITY AND EXCELLENCE – Liberating the NHS

On 12th July, Andrew Lansley, Secretary of State for Health published the white paper “Equity and Excellence: Liberating the NHS” which sets out their vision for the future of the NHS.

The headline news is:

1. The abolition of Primary Care Trusts and the Strategic Health Authorities in favour of a national NHS commissioning Board, GP Commissioning Consortia and greater democratic involvement
2. A new Public Health Service, separate from the NHS will be created – a white paper is due to be published in the autumn
3. All NHS Trusts to become Foundation Trusts
4. A strengthening of democratic legitimacy through an enhanced role for Local Authorities in overseeing and influencing health and social care

Four more “daughter” consultation papers have since been published: Local Democratic legitimacy in health; Commissioning for patients, Regulating healthcare providers and Transparency in outcomes.

The first of these papers – Local democratic will be of particular interest to HOSC Members as it sets out proposals for a change in health scrutiny arrangements through a local Health and Wellbeing Board (or similar partnership group) and the setting up of a local and national HealthWatch.

LOCAL HEALTH AND WELLBEING BOARDS. The Health and Wellbeing Boards will give Local Authorities “influence” over NHS Commissioning and “corresponding influence” for NHS Commissioners in relation to public health and social care. GP Consortia will become the lead health commissioners with a new National NHS Commissioning Board that will oversee the GP Consortia and directly commission some services.

Local Authorities new functions will be:

1. to assess the needs of the local population and lead the statutory joint strategic needs assessment
2. to promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health;
3. to support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
4. to undertake a scrutiny role in relation to major service redesign. **This would replace the current statutory functions of the health overview and scrutiny committee.** It is likely to be up to individual authorities to determine how and where the residual functions of scrutiny will be managed

HEALTHWATCH, LINKS AND ADDITIONAL FUNCTIONS. It is proposed that each local authority will commission and set up their own Local HealthWatch that will incorporate

1. the functions currently carried out by LINKs around patient and public involvement and the right to visit provider services
2. a citizens advice bureau for health and social care providing a signposting function to health and social care organisations
3. a complaints advocacy service
4. a role in scrutiny

It has not yet been made clear which organisation(s) will manage health complaints services.

CONSULTATION RESPONSE

KCC like all organisations involved in health and social care are invited to respond to this consultation. I have been asked to manage the consultation response to the Democratic legitimacy paper and am keen to collect the views of HOSC Members. The paper can be found on the Department of Health website (hard copies are available or I can email out copies)

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117586

The paper contains a list of questions to which the DH would particularly like to receive views. In addition to these specific questions, there may be other points that you would like to be made. KCC will also be answering the "unasked" questions so any other views you care to give will help us provide a comprehensive response. If Members wish to comment on any of the other consultation papers, I would be happy to receive these as well.

The officers leading on the Equity and excellence response have been asked to prepare an overview of the opinions KCC will offering ready for a meeting of Cabinet, CMT and NHS Chief Executives on September 20th 2010. I would be grateful if Members intending to respond could do so by 15th September which will allow me time to collate individual responses and prepare the report. Responses should preferably be emailed to me <mailto:tish.gailey@kent.gov.uk> or I can take hard copy responses – please send to Tish Gailey, Room 3.23, Sessions House, County Hall, County Road, Maidstone, Kent, ME14 1XQ

I am very happy to answer any questions about the papers. Please either email me at the above address or telephone me on 01622 696802.

Tish Gailey, Health Policy Manager, KCC Public Health Department

Summary Note for Health Overview and Scrutiny Committee – 3 September 2010

Transition Timeline

1 October 2010

Eastern and Coastal Kent Community Services become a Trust, separate from the PCT

October 2010 – March 2011

Separation of West Kent Community Health (WKCH) from West Kent PCT.
Business Case for integration of WKCH with Eastern and Coastal Kent produced
Engagement with Stakeholders. Cooperation and Competition Panel assess Business Case

1 April 2011

WKCH integrate into Eastern and Coastal Kent Community Health Trust
Name change to Kent Community Health Trust

April 2011 – December 2012 (indicative)

Application to SHA, Secretary of State and Monitor for Foundation Trust status

September 2011 – December 2011 (indicative)

12 Week Public Consultation on the move to Foundation Trust Status

Services managed by Eastern and Coastal Kent Community Services and West Kent Community Health

Community Services that are broadly similar across Kent include:

- Community Nursing
- Community Hospital Inpatient and Outpatient Services
- Intermediate Care
- Specialist Nursing and Community Matrons
- Dietetics
- Health Visiting and School Nursing
- Adult Speech and Language
- Outpatient Physiotherapy
- Equipment and Wheelchair Services
- Podiatry
- Sexual Health
- Childrens Community Nursing
- Walk in Centre and Minor Injury Units

There are some services that are specific to the Eastern and Coastal Kent (ECK) area and the West Kent (WK) area including Chronic Pain and Orthopaedics in ECK and the Children's Hearing Service and Community Paediatrics in WK. The similarities and differences are being mapped and understood during this transition period.

Property and Community Hospitals

Current national policy around ownership of PCT property means that both PCTs will retain the property they own. It will not transfer to the new Community Health Trust. This includes Community Hospitals and means that the maintenance and estate management of the hospitals will be the responsibility of the PCT. The Department of Health (following the election) are currently reviewing this decision at a national level and it is likely we will know the outcome of this by April 2011. If nationally it is decided property can be moved from PCTs to providers then property may move (at a later date) to the new Trust. Either way, the new Community Health Trust will be responsible for many (but not all) of the clinical services that run out of those community hospitals. This includes the management and quality and safety of inpatient bed services on a day-to-day basis.

Services run by other providers within those Community Hospitals include hospital Trusts, the Partnership Trust and local GPs and will remain the responsibility of those individual providers.

